

Name of Library System _____

Friends of the Library FY _____

1. Friends Organization Name*:

2. Is this a 501(c) 3 organization? _____

3. Is this group a member of Friends of South Carolina Libraries? _____

4. Web address: _____

Name & Address of President:

Email: _____

Phone #: _____

Name & Address of Secretary

Email: _____

Phone #: _____

Date Officers Change: _____

Number of Members: _____

Major Activities (please describe):

**Please use one form for each Friends group if library system has separate branch groups – please make additional copies of this form as needed.*